







New Member Registration and Prescription Order Form

If you'd like to register online, or for more information, visit **RightSourceRx.com**.

If you have questions, call RightSource at 1-800-379-0092 (TTY 711). Customer Care Representatives are available Monday - Friday, 8 a.m. - 11 p.m., and Saturday, 8 a.m. - 6:30 p.m Eastern Time

available ivioliday 111day, 6 a.iii. 11 p.i	in., and Saturday, 6 a.m. 0.30 p.m Eastern	Time.
Instructions: -Print all information clearly in CAPITAI -Fill in the applicable circles completely.	L LETTERS using BLUE or BLACK ink. (●)	A ₁ B ₁ C ₁ D ₁ 11213
STEP 1 - Member Information		
Member ID (found on ID card)	Date of Birth	Gender
	M M / D D / Y Y Y Y	Male Femal
	T / 3.T	1 Ciliai

First Name		Last Name			M.I.
Street Number	Street Name			Apt/Suite #	
City		S	tate ZIP Code		
Daytime Phone	-	Evening Phone			
E-mail Address (optiona	nl) RightSource will send	you alerts about you	r order if e-mail add	ress is given.	
Language preference for	r communications:	English O Spani	ish		
•	Information - spouse, chi dents, please complete an	* * *	,		
Member ID (found on II	D card)	Date of Birth M M / D D	YYYY	Gender Male Female	
First Name		Last Name		Temate	M.I.
E-mail Address (optiona	al) RightSource will send	you alerts about you	r order if e-mail add	ress is given.	
Language preference for	r communications:	English O Spani	ish		
STEP 3 - Please comp	olete shipping address be	low if different fron	n Member address	above.	
Street Number	Street Name			Apt/Suite #	
City		S	tate ZIP Code		

STEP 4 - Establish Paym	ent Method						
Credit/Debit Card # Exp. Date M M / Y Y							
Humana <i>Access</i> ® Visa® Debit Card #	Exp. Date M M / Y Y						
Cardholder First Name Cardholder Last Name							
Cardholder Signature:	(1	Expedite the shipping of my order for \$17 (normal processing time still applies)					
			O U	se this card for thi	s order only		
STEP 5 - Allergies			STEP 7 - Health Conditions				
	Member	Dependent			Member	Dependent	
No Known	0	0	No Known		0	0	
Aspirin 4	0	0	Arthritis	716.90	0	0	
Codeine 97	0	0	Asthma	493.00	0	0	
Peanuts 539	0	0	Diabetes	250.0	0	0	
Penicillin 31	0	0	GERD (acid refl	ux) 530.81	0	0	
Sulfa 40	0	0	Glaucoma	365	0	0	
STEP 6 - Prescription Information		Heart Disease	429.9	0	0		
	Member	Dependent	High Blood Pres	ssure 401.9	0	0	
I want easy open caps.	0	0	High Cholestero	1 272.4	0	0	
I want brand-name			Migraines	346	0	0	
medicines only (I understand this may		0	Osteoporosis	733.00	0	0	
cost more).			Pregnancy	72.4	0	0	
I am enclosing prescription with this form.	ons	0	Thyroid Disease	245.9	0	0	
STEP 8 - Other Informat	ion		J				
		Member			Dependent		

Other Allergies or Health Conditions not listed above: I am currently taking these medications not filled at RightSource: I am currently taking these over-the-counter medications

STEP 9 - Mailing Instructions

and/or herbal supplements:

- 1. Please write your name, date of birth, Humana Member ID, and shipping address on the back of each prescription.
- 2. Send this form along with your prescription(s) and payment to:

RightSource, P.O. Box 745099, Cincinnati, OH 45274-5099

NOTE: Prescriptions may be filled or processed by any of the RightSource pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all RightSource sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your physician direct otherwise.

